



Department of Medical Assistance Services
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<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Providers of Services for Individuals in the Redesigned Developmental Disabilities (DD) Waivers: Community Living (CL), Family and Individual Supports (FIS), and Building Independence (BI) Waivers

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: 9/8/2016

SUBJECT: Changes for Crisis Support Services in the Development Disability Waivers

DD Waivers and Crisis Supports:

CRISIS SUPPORTS	Building Independence Waiver	Family and Individual Supports Waiver	Community Living Waiver
Community-Based Crisis Supports	✓	✓	✓
Center-based Crisis Supports	✓	✓	✓
Crisis Support Services	✓	✓	✓

DD Waivers Crisis Supports Service Definitions:

Crisis intervention and crisis supervision services existed under the previous Intellectual and Developmental Disabilities Waivers: Intellectual Disability (ID), Individual and Family Developmental Disabilities Support (IFDDS) and Day Support (DS) Waivers. In the new DD Waivers crisis services have been redefined and expanded to include:

- Community-Based Crisis Supports
- Center-Based Crisis Supports
- Crisis Support Services

In order to receive either **Community-Based Crisis Supports** or **Center-Based Crisis Supports**, the individual must have (1) a history of previous psychiatric hospitalization(s), previous incarceration, loss of previous residential/day placements, or behaviors that have significantly jeopardized placement; and (2) be experiencing a marked reduction in psychiatric, adaptive, or behavioral functioning, an increase in extreme emotional distress, need continuous intervention to maintain stability, or, be causing harm to himself or others; and (3) be at risk of psychiatric hospitalization, emergency ICF/IID placement, immediate threat of loss of a community service due to a severe situational reaction, or causing harm to self or others.

Community-Based Crisis Supports is a new service that provides on-going support to individuals who may have a history of multiple psychiatric hospitalizations; frequent medication changes; enhanced staffing required due to mental health or behavioral concerns; and/or frequent setting changes. Community-Based Crisis Supports are on-going supports provided in the individual's home and

community setting. Crisis staff work directly with and assist the individual and their current support provider or family. These services provide intensive supports that avert emergency psychiatric hospitalization or institutional placement or prevent other out of home placement. Community-Based Crisis Support providers shall be licensed by DBHDS as providers of emergency services, Mental Health (MH) outpatient crisis stabilization services, residential crisis stabilization services or non-residential crisis stabilization services. Community-Based Crisis Support services shall be provided by a Licensed Mental Health Professional (LMHP), LMHP-supervisee, LMHP-resident, LMHP-RP, a certified pre-screener, or Qualified Developmental Disabilities Professional (QDDP). Techniques and strategies are provided via coaching, teaching, modeling, role-playing, problem solving, or direct assistance. Individuals may qualify for Community-Based Crisis Supports based upon the results from an assessment including risk for homelessness, incarceration, hospitalization and/or a danger to themselves or others. Community-Based Crisis Supports is an hourly service unit and may be authorized for up to 24 hours per day if necessary in increments of no more than 15 days at a time. The anticipated annual limit is 1,080 hours without further medically necessary justification.

Center-Based Crisis Supports is a new service that provides an individual with support in a residential setting (Crisis Therapeutic Home) through utilization of assessments, close monitoring, care coordination, skill building and behavioral support techniques in a therapeutic environment. Services are provided through planned and emergency admission. Planned admissions will be provided to individuals who are receiving ongoing crisis services and need temporary, therapeutic interventions outside of their home setting in order to maintain stability. Members may qualify for Center-Based Crisis Supports based upon the results from an assessment including risk for homelessness, incarceration, hospitalization and/or a danger to themselves or others. Center-Based Crisis Support Providers shall be licensed by DBHDS as providers of (MH) crisis stabilization services and group home residential services and either emergency services or residential crisis stabilization services. Center-Based crisis supports shall be provided by LMHP, a LMHP-supervisee, LMHP-resident, LMHP-RP, a certified pre-screener; or, a QDDP or Direct Support Professional (DSP) under the supervision of one of the professionals listed above. Service provision is limited to six months per Individual Support Plan (ISP) year and shall be authorized in limits of up to a maximum of 30 days with each authorization.

Crisis Support Services is a new service (this replaces crisis supervision/stabilization under the previous waivers) that provides temporary intensive supports by appropriately trained staff in the areas of 1) crisis prevention, 2) crisis intervention, and 3) crisis stabilization to an individual who may experience an episodic behavioral or psychiatric crisis in the community which has the potential to jeopardize their current community living situation. The services provided will be customized to meet the individual's need at the given time.

- During **crisis prevention**, an individual's behavior will be continuously assessed for the presence of predictors of a potential crisis situation. The prevention phase also focuses on using positive behavioral supports to prevent the occurrence of crisis situations.
- During the **crisis intervention** phase, the professional (or the direct service staff under the direction of the professional) will engage with the individual to prevent further escalation and maintain the safety of everyone involved.
- The **crisis stabilization** phase can begin when there is no longer an immediate threat to anyone involved during the crisis event and involves the development of crisis stabilization plans. This phase concentrates on gaining an understanding of factors or possible antecedents that may have caused or contributed to the individual's crisis.

These supports are designed to stabilize and strengthen the current living situation so the individual can live successfully in the community during and after the crisis. Providers shall employ or utilize QDDPs,

LMHPs or other qualified personnel licensed to provide clinical or behavioral interventions. Service provision is subject to the following limits up to 24 hours per day, if necessary, with the following limits:

- Crisis Prevention: 60 days per ISP year
- Crisis Intervention: No more than 15 days at a time for no more than 90 days per ISP year
- Crisis Stabilization: No more than 15 days at a time for no more 60 days per ISP year

Procedure Codes, Units, Rates and Other Billing Information:

Crisis services have a professional and a non-professional rate:

- The **U1 modifier is to be used for the professional rate for the new DD Waivers Crisis Support billing**. When services are provided by a LMHP, a LMHP-supervisee, LMHP-resident, LMHP-RP the professional rate should be billed with the U1 modifier.
- When services are provided by other staff levels (QDDP for Community Based and Center Based Crisis Supports and DSP for Crisis Support Services), **the non-professional rate should be billed** with no modifier for Community-Based Crisis Supports or Crisis Supports Services; **the UA modifier is to be used for the non-professional rate for Center-Based Crisis Supports Service billing**.

DD Waivers Crisis Supports

Service	National Code	Location	Rate as of 9/1/16	Unit	Modifier
Community-Based Crisis Supports (professional)	H0040	ROS	\$88.41	Hour	U1
		NOVA	\$101.67		
Center-Based Crisis Supports (professional)	H2011	ROS	\$88.41	Hour	U1
		NOVA	\$101.67		
Crisis Support Services (professional)	T2034	ROS	\$88.41	Hour	U1
		NOVA	\$101.67		
Community-Based Crisis Supports (non-professional)	H0040	ROS	\$24.02	Hour	N/A (no modifier)
		NOVA	\$27.61		
Center-Based Crisis Supports (non-professional)	H2011	ROS	\$24.02	Hour	UA
		NOVA	\$27.61		
Crisis Support Services (non-professional)	T2034	ROS	\$24.02	Hour	N/A (no modifier)
		NOVA	\$27.61		

In order to ensure that the individual receives the appropriate level of crisis supports, the provider will need to request the service using the procedure code and if appropriate the modifier (as outlined above) when requesting service authorization.

For payment of claims, the provider will also need to include the procedure code and if appropriate the modifier (as outlined above) to ensure that the claim processes as the correct reimbursement rate.

ADDITIONAL INFORMATION ON THE MEDICAID WAIVER REDESIGN:

Virginia's Home and Community Based Services (HCBS) Developmental Disabilities Waivers are being redesigned to better assure that people with disabilities have the supports needed to design and achieve lives of quality and meaning in their communities. Updates on the waiver redesign can be found on the DBHDS website under *My Life, My Community* by going to: www.dbhds.virginia.gov. For questions, call toll-free 1-844-603-9248 (1-844-603-WAIV).

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Service Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Program of All-Inclusive Care for the Elderly (PACE): http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio

response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.